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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 176650-96	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Box: 1450, Commissioner for Patents, Alexandria, VA 22313" on <u>December 2, 2003</u> . Signature _____ Typed or printed name <u>Sally B. Hansen</u>		In re Application of <u>Chrai</u>	
		Application Number <u>09/774,346</u>	Filed <u>January 31, 2001</u>
		For <u>Pharmaceutical Product and Method of Making</u>	
		Group Art Unit <u>1616</u>	Examiner <u>Konata, G.</u>
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$ 330.00</u>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
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<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the		12/08/2003 SZEWDIE1 00000123 09774346	
<input type="checkbox"/> applicant/inventor.		02 FC:1401 330.00 OP	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		 Signature	
<input checked="" type="checkbox"/> attorney or agent of record.		Allen Bloom, Reg. #29,135	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		Typed or printed name	
		December 1, 2003	
		Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

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